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Attorneys for Defendant
CONTRA COSTA COUNTY

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

C. ROBERT PETTIT, M.D.,

Plaintiff,

v.

CONTRA COSTA MEDICAL SERVICES
REGIONAL MEDICAL CENTER and
DOES ONE THROUGH TWENTY,
Inclusive,

Defendants.

No. C 07 3358 JSW

DECLARATION OF JANET HOLMES IN
SUPPORT OF DEFENDANT'S MOTION
FOR SUMMARY JUDGMENT OR
PARTIAL SUMMARY JUDGMENT

I, Janet Holmes, do hereby declare:

1. I am over the age of eighteen and a resident of the State of California. I know of the matters set forth herein of my own personal knowledge, and if called upon to testify could and would competently testify thereto.

2. I am an attorney duly licensed to practice before this court. I am employed as a Deputy County Counsel for Contra Costa County, and have been assigned to defend the County in connection with the above-referenced case.

3. Attached as Exhibit 4 is a true and correct copy of a document produced by plaintiff's counsel during discovery in this action and Bates-stamped by plaintiff's counsel as

DECLARATION OF JANET HOLMES IN SUPPORT OF DEFENDANT'S MOTION FOR
SUMMARY JUDGMENT OR PARTIAL SUMMARY JUDGMENT
C 07 3358 JSW

1 "PET 3", which document appears to be a copy of Dr. Pettit's Complaint of Discrimination
2 filed with the California Department of Fair Employment and Housing and stamped as filed
3 January 12, 2007.

4
5 I declare under penalty of perjury under the laws of the United States and California
6 that the foregoing is true and correct and that this declaration was executed at Martinez,
7 California on the date set forth below.

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9 DATED: JULY 17, 2008

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12 JANETHOLMES
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EXHIBIT 4

*** EMPLOYMENT ***

COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT

DFEH # E200607 M-0905-00-ac

DFEH USE ONLY

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

YOUR NAME (indicate Mr. or Ms.)

MR. CHARLES ROBERT PETTIT

TELEPHONE NUMBER (INCLUDE AREA CODE)

925-2291033

ADDRESS

118 COSTANZA DR.

CITY/STATE/ZIP

MARTINEZ CA

CONTRA COSTA

COUNTY CODE

94553

NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE,
OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:

NAME

CONTRA COSTA REGIONAL HEALTH CENTER

TELEPHONE NUMBER (include Area Code)

ADDRESS

2500 ALHAMBRA AVE

CONTRA COSTA

DFEH USE ONLY

CITY/STATE/ZIP

MARTINEZ, CA

COUNTY

COUNTY CODE

94553

NO. OF EMPLOYEES/MEMBERS (if known)

DATE MOST RECENT OR CONTINUING DISCRIMINATION

RESPONDENT CODE

TOOK PLACE (month, day, and year)

THE PARTICULARS ARE:

On NOV 29, 2006, I was

☒ fired
☐ laid off
☐ demoted
☒ harassed
☐ genetic characteristics testing
☐ forced to quit

☐ denied employment
☐ denied promotion
☐ denied transfer
☐ denied accommodation
☒ impermissible non-job-related inquiry
☐ other (specify)

☐ denied family or medical leave
☐ denied pregnancy leave
☐ denied equal pay
☐ denied right to wear pants
☐ denied pregnancy accommodation
by (DR RAMON BERGUEZ)
CHIEF OF SURGERY

Name of Person

DANGEROUS/SUBSTANDARD CARE
Job Title (supervisor/manager/personnel director/etc.)

because of my:

☒ sex
☐ age
☐ religion
☐ race/color

☐ national origin/ancestry
☐ marital status
☐ sexual orientation
☐ association

☐ physical disability
☐ mental disability
☒ other (specify)

☐ cancer
☐ genetic characteristic

☐ (Circle one) filing;
☐ Protesting; participating in
☐ investigation (retaliation for)
WHISTLEBLOWING
PRACTICE STYLE

the reason given by DR RAMON BERGUEZ (M.D.)

Name of Person and Job Title

Was because
of [please
state what
you believe to
be reason(s)]

I complained to a superior (M. Gordon, M.D.)
 ABOUT SUBSTANDARD PT CARE RELATED TO, IN PART, THE
 DISTANCE PHYSICIANS LIVE FROM HOSPITAL AND INABILITY/UNWILLINGNESS
 TO RESPOND APPROPRIATELY TO EMERGENCY ROOM CALLS/PATIENT TREATMENT

I wish to pursue this matter in court. I hereby request that the Department of Fair Employment and Housing provide a right-to-sue notice. I understand that if I want a federal notice of right-to-sue, I must visit the U.S. Equal Employment Opportunity Commission (EEOC) to file a complaint within 30 days of receipt of the DFEH "Notice of Case Closure," or within 300 days of the alleged discriminatory act, whichever is earlier.

I have not been coerced into making this request, nor do I make it based on fear of retaliation if I do not do so. I understand it is the Department of Fair Employment and Housing's policy to not process or reopen a complaint once the complaint has been closed on the basis of "Complainant Elected Court Action."

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

Dated

1-11-07

COMPLAINANT'S SIGNATURE

At

Martinez

City

DATE FILED: January 12, 2007

DFEH-300-03 (01/05)

DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

RECEIVED

JAN 12 2007

Department of Fair
Employment and Housing
Oakland District Office

STATE OF CALIFORNIA

PET
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